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Revision: HCFA-PM-91-4(BPD)

AUGUST1991

OMB No.: 0938-

VIRGIN ISLANDS

Territory: _

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR Part 436, \$436.10 and Subpart J 2.1 Application, Determination of Eligibility and Furnishing Medicaid

(a) The Medicaid agency meets all requirements of 42 CFR Part 436, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 97-6
Supersedes 75-5
Approval Date 18 0 3 1832

Effective Date OCT 0 1 1991

HCFA ID: 7984E

Revision: HCFA-PM-93-5 (MB)

Territory: Virgin Islands

Citation

42 CFR Part 436, Subpart J 2.1(b)(1)

Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the 3 months preceding the month of application if they were, or on application would have been, eligible. Coverage is provided:

- At each time services were received during the 3-month period provided the individual met all the eligibility requirements at that time.
- Y For any full month provided the individual met all the eligibility conditions at any time during that month.

1902(e)(8) and 1905(a) of the Act (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

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(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act.

ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

Not Applicable

TN No. 94-3

Supersedes
TN No. 91-6

Approval Date

Effective Date JUL 1-1994

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vision:

HCFA-PM-91-6 (MB) September 1991 OMB No.

State/Territory:

Virgin Islands

Citation

1902(a)(55) of the Act

2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

No. 91-5

SEP 3 0 1991

HCFA ID: 7985E